


Form A

Form A19-1A (Rev. 10/00) ECY 060-02				State of Washington INVOICE VOUCHER		AGENCY USE ONLY											
						AGENCY NO.		LOCATION CODE		P.R. OR AUTH. NO.							
AGENCY NAME												3. Payment Request No.:					
1. Proj. Off: _____ Prog: _____ Washington State Department of Ecology P.O. Box 47600, Olympia, WA 98504-7600												4. Agreement No:					
2. Grant/Loan Recipient (Warrant is to be payable to)												Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.					
Fed ID No.												5. By <div style="text-align: right;">(sign in blue ink)</div>					
												Title Date					
												6. <div style="display: flex; justify-content: space-between;"> Contact Person Tel. No. </div>					
												Received By		Date Received			
7 Effect. Date Expir. Date												Project Officer Approval for Payment/Performance Certification <div style="text-align: right;">Date:</div>					
8 Billing Period from to																	
9 Fund Source Name																	
10 Amount of Grant/Loan from Fund																	
11 Cumulative Amount Requested																	
12 Previous Cumulative Amount Requested																	
13 Current Request/Payment Due																	
14 Grant/Loan Remaining in the Fund																	
All payments are made subject to federal and/or state audit																	
DOC DATE		PMT DUE DATE		CURRENT DOC. NO.		REF. DOC NO.		VENDOR NO.				VENDOR MESSAGE		USE TAX	UBI NO.		
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX		SUB OBJ	SUB SUB OBJECT	ORG INDEX	WORKCLASS	COUNTY	CITY/TOWN	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER	
				ALLOC	BUDGET UNIT				MOS								
ACCOUNTING APPROVAL FOR PAYMENT									DATE				WARRANT TOTAL		WARRANT NUMBER		

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INSTRUCTIONS FOR COMPLETING FORM A

1. Enter the name and program of the Ecology project officer.
2. Enter the name and address of the recipient, along with the contact person for us to call with any questions about the billing. Enter the recipient's Federal ID No.
3. Enter the number of the payment request – they are numbered consecutively.
4. Enter the grant or loan number.
5. Have the authorized official sign and date the request.
6. Enter the name and telephone number of the person who completed the payment request.
7. Enter the effective date and expiration date of the agreement.
8. Enter the period covered by the current payment request. No costs are eligible if incurred before the effective date or after the expiration date.
9. **FUND SOURCE Name:** List the name of each fund source administered by Ecology which supports the project costs.
10. **AMOUNT OF GRANT/LOAN from FUND:** For each fund source, enter the amount of the grant or loan established in the agreement. If there have been any amendments to the agreement, enter the amount established in the last amendment.
11. **CUMULATIVE AMOUNT REQUESTED from FUND:** If there is only one Form B1 or B2 for this billing, enter the amounts computed for each fund on line 11 of Form B2 or line 6(B) of form B1 (page 2). If there is more than one Form B1 or B2, do the following: for each fund, add the fund amounts computed on line 11 of all Forms B2 or line 6(b) of all Forms B1 (page 2) submitted with this payment request, and enter the sum.
12. **PREVIOUS CUMULATIVE AMOUNTS REQUESTED:** Enter the amount on line 11 of the previous Form A. For first billings, enter 0.
13. **CURRENT REQUEST:** Compare the amount of the grant or loan from each fund (line 10) to the cumulative amount requested from the fund (line 11). Subtract line 12 from the smaller of the two and enter the result. If less than zero, enter zero.
14. **GRANT/LOAN REMAINING in the FUND:** Subtract the cumulative amount requested (line 11) from the Grant/Loan Amount in the Fund (line 10). If the result is less than zero, enter zero.

FORM B1 (page 1): RUNNING BUDGET SUMMARY for PROJECTS with INTERLOCAL COSTS and/or OTHER IN-KIND
Use one form for each group of costs with the same eligibility requirements.

Agreement No: _____ Recipient: _____ Payment Request No: _____ Page: _____ of _____

FOR PROJECTS WITH MORE THAN ONE GROUP OF ELIGIBILITY REQUIREMENTS: Group No _____ Fund Source(s): _____

(1) Ele- ment No.	Costs Incurred This Request from Form C1			Cumulative Costs from Previous Form B1			New Cumulative Costs				(9) BUDGET	(10) Eligible Cumulative Element Cost		
	(2) CASH	(3) IN-KIND		(4) CASH	(5) IN-KIND		(6) CASH	(7) IN-KIND		(8) TOTAL				
		A. Inter- Local	B. Other		A. Inter- local	B. Other		A. Inter- local	B. Other					
Pro- ject							(11)	(12A)	(12B)	(13)		(14)		

*****GO TO FORM B1 (Page 2) AND COMPLETE ALL STEPS BEFORE COMPLETING FORM A

INSTRUCTIONS FOR COMPLETING FORM B1

1. (First Line) Enter the agreement number, recipient name, payment request number and page numbers.
2. (Second Line) If the terms of the agreement establish groups of costs by different eligibility requirements, enter the group which is documented on this page. Otherwise, enter "1." Enter the name(s) of the fund source(s).
3. (Column 1) Enter the number of each budget element (task, sub-task or object) established in the agreement.
4. (Column 9) Enter the amount budgeted for each element in the agreement.
5. (Column 2 and 3) On the line corresponding to each element, enter the totaled costs (reported on Form C1. Enter cash expenditures in column 2, interlocal costs in column 3A, and other in-kind contributions in column 3B.
6. (Columns 4 and 5) If this is the first payment request, leave these columns blank. Otherwise, enter the cumulative costs computed in columns 6, 7A and 7B of the previous Form B1. Enter the previous cumulative cash expenditures in column 4, previous cumulative interlocal costs in column 5A, and previous cumulative other in-kind contributions in column 5B.
7. (Column 6 and 7) for each element, add columns 2 and 4 to obtain new cumulative cash expenditures. Add columns 3A and 5A to obtain new cumulative interlocal costs, and add columns 3B and 5B to obtain new cumulative other in-kind contributions.
8. (Column 8) for each element, add columns 6, 7A and 7B to obtain new cumulative total element costs.
9. (Column 10) for each element, compare the entry in column 8 (cumulative total element cost) with the entry in column 9 (budget amount). For each element, enter the smaller of the entries in column 8 and 9 in column 10 (this is the eligible element amount to this point). **IF THE CUMULATIVE TOTAL COSTS FOR ANY ELEMENT EXCEED THE BUDGET, THE EXCESS WILL NOT BE ELIGIBLE – AND WILL NOT BE REIMBURSED – WITHOUT AN AMENDMENT. CONTACT YOUR PROJECT OFFICER IMMEDIATELY.**
10. (Boxes 11, 12A, 12B, 13 and 14) Add each of columns 6, 7A, 7B, 8 and 10.
11. COMPLETE the WORKSHEET on FORM B1 (page 2) TO COMPUTE ELIGIBLE CUMULATIVE COSTS AND THE AMOUNT OF FUNDING FROM EACH FUND SOURCE.

FORM B1 (page 2) COMPUTE ELIGIBLE COSTS AND FUND AMOUNTS

Complete Form B1 (page 1) before completing this worksheet.

Agreement Number _____ Recipient _____ Pay Request No: _____

1. Enter the cumulative total cash expenditures from box 11, Form B1 (page 1)..... \$ _____

2. If the terms of the agreement specify that interlocal costs are valid cash match, enter \$ _____
cumulative total interlocal costs from box 12A, Form B1 (page 1).
NOTE: Interlocal costs may not exceed the total budgeted element costs minus the total cash expended for that element.

3. Add lines 1 and 2.

4. **Verify that all match requirements are met.**

4(a) Percent of eligible project costs which must be cash: Add the fund shares (%) from \$ _____
all Ecology-administered fund sources which support these costs, and enter as a decimal. NOTE: This should correspond to the sum of the fund shares in line 6(a) below.

4(b) Percent of eligible project costs which must be cash match: Enter the cash match..... \$ _____
requirement in the agreement as a decimal. If none, enter zero.

4(c) Percent of eligible project costs which must be cash or interlocal costs: \$ _____
Add lines 4(a) and 4(b).

5. **Compute the cumulative costs which are eligible at this point.**

5(a) Maximum eligible cumulative costs based on total match requirements:
DIVIDE line 1 by line 4(a) and enter the result. \$ _____

5(b) Maximum eligible cumulative costs based on cash match requirements:
DIVIDE line 3 by line 4(c) and enter the result. \$ _____

5(c) Maximum eligible cumulative costs based on the budget: Box 14, Form B1..... \$ _____

5(d) **ELIGIBLE CUMULATIVE COSTS.** This is the amount of the project costs \$ _____
which meet ALL budget and match requirements at this point in the project.
Enter the smallest of the lines 5(a), 5(b) and 5(c).

6. **Compute the portion of eligible project costs which can be supported by each fund.**

6(a) For each fund source administered by Ecology that supports this group of costs, enter the name of the fund and the fund share (%).	FUND: _____ SHARE: _____%	FUND: _____ SHARE: _____%	FUND: _____ SHARE: _____%
6(b) Compute fund amounts: In each column, multiply line 5(d) by the fund share (%) entered on line 6(a) and enter the result (the fund amount).			

7. **Compute cumulative amount requested from each fund.** If there is only one group of eligibility requirements in the agreement, the cumulative amount requested from each fund is already computed in line 6(b) above. Otherwise, for each fund, add the amounts on line 6(b) on all forms B1 (page2) submitted for this billing. Enter the total for each fund on Form A, line 11.

FORM B2: RUNNING BUDGET SUMMARY for PROJECTS with CASH EXPENDITURES ONLY

Use one form for each group of costs with the same eligibility requirements.

Agreement No: _____ Recipient: _____ Payment Request No: _____ Page: _____ of _____

FOR PROJECTS WITH MORE THAN ONE GROUP OF ELIGIBILITY REQUIREMENTS: Group No _____ Fund Source(s) _____

(1) Ele- ment No.	(2) Cash Expenditures This Request	(See instructions)		(5) Cumulative Cash Expenditures on Prev. Form B2	(6) New Cumulative Cash Expenditures	(7) BUDGET	(8) Eligible Cumulative Element Cost
		(3) Elig. %	(4) Elig. Am't				
		XXXXXX XX					(9)

10. For each fund administered by Ecology that supports this group of costs, enter the name of the fund and the fund share (%) at right.	FUND: _____ SHARE: _____%	FUND: _____ SHARE: _____%	FUND: _____ SHARE: _____%
11. Compute Fund Amounts: In each column, multiply box 9 above by the fund share (%) in line 10 and enter the result.			

INSTRUCTIONS FOR COMPLETING FORM B2

1. (First Line) Enter the agreement number, recipient name, payment request number and page numbers.
2. (Second Line) If the terms of the agreement establish groups of costs by different eligibility requirements, enter the group which is documented on this page. Otherwise, enter "1." Enter the name(s) of the fund source(s).
3. (Column 1) Enter the number of each budget element (task, sub-task or object) established in the agreement.
4. (Column 7) Enter the amount budgeted for each element in the agreement.
5. (Column 3) Enter the eligibility percentage for each element as specified in the agreement as a decimal. If none is specified, enter a "1."
6. (Column 2) On the line corresponding to each element, enter the cash expenditures reported for that element from box 8 of Form C2.
7. (Column 4) Multiply column 2 by column 3 and enter the result.
8. (Column 5) If this is a first billing, leave this column blank. Otherwise, enter the cumulative costs computed in column 6 of the previous Form B2.
9. (Column 6) For each element, add the entries in columns 4 and 5 to obtain new cumulative cash expenditures.
10. (Column 8) For each element, compare the entry in column 6 (cumulative total element cost) with the entry in column 7 (budget amount). **IF THE CUMULATIVE TOTAL COSTS FOR ANY ELEMENT EXCEED THE BUDGET, THE EXCESS WILL NOT BE ELIGIBLE WITHOUT AN AMENDMENT.** For each element, enter the smaller of the entries in column 6 and 7 in column 8 (this is the eligible element amount to this point).
11. (Box 9) Add column 8. This is the Maximum Eligible Costs Based on the Budget.
12. (Line 10) Enter the name of each Ecology administered fund which supports this group of costs in a column at the right. Below it, enter the percentage of eligible costs which will be supported by that fund as specified in the agreement (fund share).
13. (Line 11) For each fund, multiply the fund share (%) by box 9, and enter the result on line 11. This is the cumulative amount requested from the fund for this group of costs.
14. If there is only one group, transfer the amounts on line 11 to Form A, line 11. If there is more than one group, add the fund amounts computed on line 10 of all Forms B2 for each fund, and enter on line 11 of Form A.

FORM C1: VOUCHER SUPPORT for PROJECTS with INTERLOCAL COSTS or OTHER IN-KIND
Use one page per element, or subtotal each element separately.

Agreement No: _____ Recipient: _____ Payment Request: _____ Page: _____ of _____

(1) Ele- ment No.	(2) Payee or Contributor	(3) Item	(4)r Invoice Number	(5) Date Cost Incurred or Contributed	(6)) Warrant Number (if any)	Amount		
						(7) CASH	(8) IN-KIND	
							A Interlocal Costs	B Other
TOTALS BY ELEMENT						(9)	(10A)	(10B)

INSTRUCTIONS FOR COMPLETING FORM C1

1. Enter the grant or loan number, recipient name, payment request number and page number at the top of the form.
2. (Column 1) Enter the task, sub-task or object number (established in the agreement) to which the cost is to be charged.
3. (Column 2) List the name of the contributor (for interlocal costs and other in-kind contributions) or the payee (for cash expenditures).
4. (Column 3) List the item purchased or donated.
5. (Column 4) Enter the vendor's invoice number (for cash expenditures only).
6. (Column 5) Enter the date that the cost was incurred (for cash expenditures) or that the item was donated (for interlocal costs and other in-kind contributions). NOTE: All costs must be incurred between the effective and expiration dates of the agreement.
7. (Column 6) Enter the number of warrant used to pay the vendor, if payment has already been made (for cash expenditures only).
8. (Column 7) Enter the amount of the cash expenditure.
9. (Columns 8A and 8B) Enter the value of the interlocal costs and other in-kind contributions (see Valuation of Donated Services and Property, Part III, Administrative Guidelines for Ecology Grants and Loans).

If the terms of the agreement specify that interlocal costs are valid cash match, then interlocal costs must be tracked separately from other in-kind and recorded in column 8A. All other in-kind should be recorded in column 8B.

If interlocal costs may NOT be used to meet a cash match requirement, they should be recorded with other in-kind in column 8B.

10. (Boxes 9, 10A and 10B) If only one element is documented on this form, add columns 7, 8a and 8b and enter the totals in boxes 9, 10A and 10B. If more than one element is documented on this form, sub-total columns 7, 8A and 8B for each element, and circle the element total.
11. For each element, enter the total cash expenditures (from box 9) in column 2 of Form B1. Enter the total interlocal costs (from box 10A) in column 3A of Form B1. Enter the total other in-kind expenses (from box 10B) in column 3B of Form B1.

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FORM C2: VOUCHER SUPPORT for PROJECTS with CASH EXPENDITURES ONLY

Use one page per element, or subtotal each element separately.

Agreement No: _____ Recipient: _____ Payment Request _____ Page: _____ of _____

(1) Ele- ment No.	(2) Payee	(3) Item	(4) Invoice Number	(5) Date Cost Incurred	(6) Warrant Number (if any)	(7) Amount of Cash Expenditure
TOTALS BY ELEMENT						\$(8)

INSTRUCTIONS FOR COMPLETING FORM C2

1. Enter the agreement number, recipient name, payment request and page numbers.
2. (Column 1) Enter the element number (as specified in the agreement) to which the cost is to be attributed.
3. (Column 2) List the name of the payee.
4. (Column 3) List the item purchased.
5. (Column 4) Enter the vendor's invoice number.
6. (Column 5) Enter the date that the cost was incurred. NOTE: All costs must be incurred between the effective and expiration dates of the agreement.
7. (Column 6) Enter the number of the warrant used to pay the vendor (if payment has already been made).
8. (Column 7) Enter the amount of the cash expenditure.
9. (Box 8) If only one element is documented on this form, add the entries in column 7 and enter the result on box 8. If more than one element is documented on this form, add the entries in column 7 for each element and circle the total for each element.
10. Enter the total for each element in column 2, form B2.

FORM D: CONTRACTOR PARTICIPATION REPORT

Per Office of Minority and Women-Owned Business Enterprise reporting requirements, this form must accompany any payment request which includes payments to any private sector contractors. It may be completed by the recipient or by the contractor.

Agreement No: _____ Payment Request _____ Page _____ of _____

Recipient: _____

INSTRUCTIONS: ALL primary contractors under a grant or loan and all MINORITY or

WOMEN-owned sub-contractors must be reported on this form.

- (Column 1) Indicate each contractor and sub-contractor on a separate line, listing sub-contractors below the appropriate primary contractor.
- (Column 2) Identify each contractor as primary (P) or sub (S).
- (Column 3) If the contract was sole source, enter Y, otherwise enter N.
- (Column 4) Enter the contractor's federal ID number.
- (Column 5) Enter the amount invoiced by each (sub-) contractor in the current payment request.
- (Column 6) Enter the task number under which the invoice amount was reported on Form C1/C2.

(1) Contractor	(2) P=Primary S=Sub	(3) Sole Source Y/N	(4) Federal Tax ID No.	(5) Amount of Contractor Invoice On this Request	(6) Task /Object Number

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FORM E: MONTHLY TIME SHEET

(To be completed by any individual, paid or volunteer, providing services to the project)

Agreement No: _____ Recipient: _____ Month: _____

Name: _____ Employer: _____

Activity (Task/Sub-task No.)	C-Cash IL-Interlocal IK-Other In-Kind	<i>Daily Work Log</i>																															Total Hours	Recipient Use			
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		Hourly Rate	Total Charge		

INSTRUCTIONS TO INDIVIDUALS: Using a separate line for each activity (whether project-related or not), list the activity and, if project-related, the task or sub-task number. Indicate if the services were Cash, Interlocal Costs or In-kind contributions. Enter the hours devoted to that activity per day and total each line. Total hours should correspond to employee's work week.

INSTRUCTIONS TO RECIPIENTS: For project related costs, multiply the total hours by the hourly rate to obtain the total charge. Enter the total charge per element on Form C1/C2. (NOTE: The hourly rate may be computed using the "Conversion to an Hourly Rate Worksheet.")

CERTIFICATION SIGNATURE:
I certify that I have devoted the time reported above in the performance of work as described relative to the above named project.

Signature of Individual

Date

Signature of Supervisor

Date

FORM F: RECORD OF MEETING ATTENDANCE

Agreement No: _____ Recipient: _____ Payment Request _____ Page _____ of _____

Purpose of Meeting: _____ Date of Meeting: _____

Name (please print)	Representing	No. of Hours at Meeting	Signature (required)
ELEMENT NUMBER _____ TOTAL VOLUNTEER HOURS: _____ X \$12.50 = \$ _____			

Enter the value computed in the lower right hand box on Form C1 for the appropriate element.

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Document Control No: _____

FORM G: SALES AND USE TAX REPORT

Recipient
(Taxpayer): _____ Registration No: _____

Address: _____ City _____ State _____ Zip _____

CONTACT PERSON: _____ Title: _____ Tel.No: _____

Signature: _____ Date: _____

PROJECT TITLE: _____ Agreement No: _____

Total Project Cost:_____ Total Eligible Cost: _____ Grant Amount: _____

Briefly describe the project below:

Indicate below all eligible costs for items on which sales tax was charged. List each item with a unit acquisition cost of at least \$50,000 on a separate line. Total all other items and list as one line item.

Date	Invoice No.	Vendor Name	Item	Amount (sales tax excluded)
TOTAL				

FOR OFFICIAL USE ONLY	Approved	Tax	Paid
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FORM H: CONVERSION TO A COMPOSITE HOURLY BILLING RATE FOR AN EMPLOYEE

This schedule can be used for all salaried full-time employees. It was developed to provide a calculated cost of an employee and to include his/her benefits, vacation time, retirement benefits, sick leave benefits and any item paid by an employer for the return of services provided by an employee.

EMPLOYEE'S NAME _____ DATE _____

FIGURED ON MONTHLY COST:

1.	Enter the amount of monthly salary	1. _____
2.	Benefits: Social Security _____% x LINE 1 (wages) Employer's rate)	2. _____
3.	Benefit (worker's compensation) Class Code _____ Employer's Rate _____% x 160 hours	3. _____
4.	Unemployment Insurance Rate _____% x LINE 1 (wages)	4. _____
5.	Medical Benefits per month	5. _____
6.	Retirements per month	6. _____
7.	Pension Plan or Matching Plans	7. _____
8.	Other _____	8. _____
9.	TOTAL MONTHLY COSTS (add lines 1 through 8)	9. _____
10.	LINE 9 x 12 months = TOTAL YEARLY COST	10. _____
11.	Work hours in a year:	
	A. 52 weeks per year x 5 work days per week = 260 days 260 days x 8 hours per day = potential work hours per year A: <u>2080</u> hours	
	PAID DAYS OFF PER YEAR:	
	Annual Leave: ____ hours per month x 12 months = _____ hours	
	Sick Leave: ____ hours per month x 12 months = _____ hours	
	Holidays: ____ days per year x 8 hours = _____ hours	
	B. TOTAL HOURS OF ACCRUED LEAVE PER YEAR	B. _____ hours
12.	SUBTRACT LINE "B" from LINE "A" = YEARLY HOURS WORKED	12. _____
13.	DIVIDE LINE 10 BY LINE 12 (total yearly cost ÷ yearly hours worked) = COMPOSITE HOURLY RATE	
	13. _____	

FORM I: VALUATION OF DONATED PROPERTY

Use this form to document contributions of property.

Agreement No: _____ Recipient: _____

Date: _____ Payment Request Number: _____ Page: ____ of ____

List each item donated. Indicate the value assigned to the item according to the guidelines provided in the Administrative Requirements for Ecology Grants and Loans. Obtain the signature of the contributor. If required by program guidelines or the project officer, this form must accompany the payment request on which the contributions were listed.

Element No.	Item	Date Contributed	Value

I certify that the above listed contributions were made to the identified project. To the best of my knowledge, the value listed represents the fair market value of each contribution at the time that it was donated.

Signature of Contributor _____ Date: _____

Organization: _____ Position: _____

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Use one form per fund

Prepared by: _____ Signature: _____

[illegible]

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INSTRUCTIONS FOR COMPLETING CASH FLOW PROJECTION

1. Use a separate form for each fund source for a grant or loan project.
2. From the agreement, enter the agreement number, recipient name, effective and expiration dates, fund source name and the amount of grant/loan from the fund.
3. Indicate whether this is an initial projection, or a revision of an earlier projection. If there is more than one page to the projection, indicate page numbers.
4. (First row of the table) if no payment requests have been submitted, enter "0." Otherwise, enter the AMOUNT OF FUNDING WHICH HAS ALREADY BEEN REQUESTED, even if the payment has not yet been received. This should be the amount on line 11 of the last Form A submitted on Ecology. Include both the payments due and the retainage.
5. (Column 1) Enter the calendar year in which the anticipated payment request will be made.
6. (Column 2) Enter the month in which the anticipated payment request will be made, beginning with the date of the next payment request, and using additional sheets as necessary until the expiration date. If requests are made quarterly, enter only the month in which a request will be made.
7. (Column 3) Enter the estimated amount which will be requested on that billing, including both the amount to be disbursed and the retainage (this is the amount which would be entered in line 13 of Form A of the anticipated request).
8. (Last row of the table) Add all entries in column 3, including any entry in the first row. This may not exceed the amount of the grant or loan from the fund source.